

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 0 4

2. STATE:

NV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 18, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

SSA 1905(a)(24) and HCFA State Medicaid
Manual Section 4480

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 547,841

b. FFY 2002 \$ 1,733,582

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pages 9 and 9a
Attachment 3.1-A, pages 10 and 10a
Attachment 4.19-B, page 49. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 3.1-A, pages 9 and 9a
Attachment 3.1-A, page 10
Attachment 4.19-B, page 4

10. SUBJECT OF AMENDMENT:

Personal Care Aide Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charlotte Crawford

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Betty Leyrer, Chief
Nevada Medicaid
2527 N Carson St
Carson City NV 89706

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

8/30/00

18. DATE APPROVED:

10/18/00

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

8/18/00

21. TYPED NAME:

Linda Minamoto

20. SIGNATURE OF REGIONAL OFFICIAL:

Associate Regional Administrator
Division of Medicaid

23. REMARKS:

State/Territory: NEVADA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations*
☐ Not provided.

f. Personal care services.

☐ Provided:
☒ Not Provided: Covered under Item 26

- 24.a. Transportation necessary to secure medical care requires prior authorization in all but emergency situations. The local State Welfare office prior authorizes local and out-of-town transportation on Form NMO-8; Nevada Medicaid Office prior authorizes out-of-state travel on Form NMO-3.
- 24.d. Nursing facility services for patients under 21 years of age require prior authorization from the Nevada Medicaid Office on Form NMO-49.
- 24.f. Personal care services covered under item 26, page 10a.

TN No. 00-04

Supersedes

TN No. 92-5

Approval Date OCT 18 2000

Effective Date 08/18/00

State NEVADA

**AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

25. Home and Community Care for Functionally disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

_____ provided X not provided

26. Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with mental retardation (ICF/MR), or institution for mental disease that are: (1) authorized for an individual in accordance with a service plan approved by the State; (2) provided by an individual who is qualified to provide such services and who is not a member of the individual's family; and (3) furnished in a home or other location.

X Provided: X State Approved (Not Physician Service Plan Allowed)

_____ Not Provided: X Services Outside the Home Also Allowed

X Limitations Described on Attachment

TN No. 00-04
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State NEVADA

- 26a. The Nevada Medicaid PERSONAL CARE AIDE (PCA) Program's objective is to assist, support, and maintain recipients living independently in their homes and in setting outside the home. These services are to be provided where appropriate, medically necessary, and consistent with program utilization control procedures. Personal Care Aide services may be an alternative to institutionalization. These services and hours are established based on medical necessity and must be prior authorized by Medicaid and established using a Medicaid defined functional assessment. PCA services cannot exceed hours determined by a functional assessment conducted by State Medicaid staff or their designee. Services will be reassessed as needs change or at the request of the beneficiary.

Personal care services include a range of human assistance provided to persons with disabilities and chronic conditions of all ages, which enables them to accomplish tasks they would normally do for themselves if they did not have a disability. Assistance may be in the form of hands-on assistance (actually performing a personal care task for a person) or cuing so that the person performs the task by him/herself. Such assistance most often relates to performance of activities of daily living (ADLs) and instrumental activities of daily living (IADLs). ADLs include eating, bathing, dressing, toileting, transferring, and maintaining continence. IADLs capture more complex life activities and include personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, and money management. Personal care services can be provided on a continuing basis or on episodic occasions. Skilled services that may be performed only by a health professional are not considered personal care services.

Personal care services may be provided by any willing and qualified provider through a Provider Agency (PA), Intermediary Service Organization (ISO), or by an Independent Contractor when a PA or ISO is not available in that area of the state. All providers must meet established qualifications of sixteen (16) hours of basic training, background checks, and TB testing. Legally responsible family members (e.g. spouse, parent of minor child, legally responsible stepparent, foster parent or guardian) may not be reimbursed for providing PCA services.

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08/18/00

STATE PLAN UNDER TILE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Attachment 4.19-B
Page 4

14. a. Services for 65 or older in institutions for TB: NOT PROVIDED.
b. Services for 65 or older in IMD: see Attachment 4.19-A and 4.19-D.
15. Intermediate care facility services: see Attachment 4.19-D.
a. ICF/MR services: see Attachment 4.19-D.
16. Inpatient psychiatric facility services under 21: see Attachment 4.19-A.V.
17. Nurse-midwife services: Paid as with Nurse Practitioners under Attachment 4.19-B, paragraph 6.d.
18. Transportation: (1) ambulance: lower of: a) billed charge, or b) fixed basic rate in town plus fixed fee per mile out-of-town; (2) public carrier: voucher cost; (3) private automobile: fixed fee per mile.
19. Case management for the mentally ill, mentally retarded, and the developmentally delayed infants and toddlers will be paid at the lower of: a) billed charges, or b) a prospectively determined hourly rate. Payment will be made using quarter hour increments for the actual time spent providing case management services. Case management for child protective services and juvenile probation is paid as a monthly encounter rate based on costs.
20. a. Services of Christian Science nurses: NOT PROVIDED.
b. Services in Christian Science sanatoria: NOT PROVIDED.
c. Hospice Services: provided only for Healthy Kids (EPSDT) recipients. Lower of billed charge or Medicare rate.
21. Skilled nursing facility services under 21: see Attachment 4.19-D.
22. Emergency hospital services out-of-state: lower of: a) billed charges, or b) local Medicaid maximums.
23. Personal care services in recipients' home and setting outside the home: fixed hourly rate established by the State of Nevada legislative body.

TN# 00-04
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TN# 98-01

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